

Public consultation: A code of conduct for psychologists

The Psychology Board of Australia (the Board) is seeking your feedback about our proposal to update the code of conduct that applies to all psychologists registered in Australia. There are 13 specific questions we would like you to address below. All questions are optional and you are welcome to respond to any that you find relevant, or that you have a view on.

Please email your submission to: psychconsultation@ahpra.gov.au

The submission deadline is close of business, **Monday 14 August 2023**

General questions
1. Do you support the Board's preferred option to implement a regulatory code of conduct?
Your answer: Yes
2. Do you agree with the Board's approach to develop the draft Psychology Board of Australia code of conduct based on the shared <i>Code of conduct</i>?
Your answer: We accept that it makes
3. Do you support the Board's proposal to adopt the draft Psychology Board of Australia code of conduct as the regulatory code for the psychology profession?
Your answer: Yes but in the light of our answer to question we would like to see more discussion about how this would be put into practice (please see attached document)

Content of the draft Psychology Board code

4. Does the draft Psychology Board of Australia code of conduct set the minimum standards expected of psychologists by their professional peers and the public?

Your answer: Yes, but needs clarification as in the attached document

5. Are there any specific areas of psychological practice that are not adequately addressed in the draft Psychology Board of Australia code of conduct?

Your answer: No but needs clarification as indicated in attached document

6. Are there any sections of the draft Psychology Board of Australia code of conduct that would be unworkable for your organisation and/or stakeholders?

Your answer: Please see attached document.

7. Is the language and structure of the draft Psychology Board of Australia code of conduct helpful, clear and relevant?

Your answer: Yes but needs additional explanation

Community impact

8. Would implementation of the draft Psychology Board of Australia code of conduct result in negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them.

Your answer: Not that we are aware

9. Would endorsement of the draft Psychology Board of Australia code of conduct result in negative or unintended effects for other diverse groups or vulnerable members of the community? If so, please describe them.

Your answer: Not that we are aware

10. Would endorsement of the draft Psychology Board of Australia code of conduct result in any adverse cost implications for health practitioners, higher education providers, employers, clients/consumers, governments or other stakeholders? If so, please describe them.

Your answer: Lack of clarity resulting in cost resolving notifications

Transition and implementation

The Board is proposing to publish an advance copy of the draft Psychology Board of Australia code of conduct **12 months** before it would come into effect.

11. Do you agree with the proposed transition timeframe?

Your answer: Will need more time due to additional explanatory document to be prepared

12. Would there be any implementation issues for your organisation and/or stakeholders that the Board should be aware of?

Your answer: Not that we are aware

General feedback

13. Do you have any other feedback or comments about the draft Psychology Board of Australia code of conduct?

Your answer: Agree with the focus on principles

IPPP response to consultation on the proposed Code of Conduct

Thank you for the opportunity to comment on the proposed Code of Conduct. The IPPP appreciates the background information and explanatory notes which has been helpful in our consideration of the Code.

Our understanding is that the Board has endeavoured to be less prescriptive and endeavoured to focus to more on general principle of safe practice rather than being excessively prescriptive by prescribing particular behaviour.

Overall, the IPPP agree with the use of broad principles and emphasis as it allows context to be considered rather than a simple prohibition. However, the lack of defined behaviour at times may lead to uncertainty and argument if a notification is made and a psychologist needs to defend a decision that was made in good faith at the time. A good example of this is Principle 9: It is important for psychologists to maintain their own health and wellbeing and to support their colleagues' health and wellbeing. Included in this principle is sub-principle 9.1.3 Good practice means that you

“understand the importance of immunisation against communicable diseases and take reasonable and effective steps to prevent the transmission of communicable diseases”.

The IPPP accepts that vaccinations have been critical in ensuring safety of population significantly reducing disease burden and improving health of individuals. The IPPP notes that recent pandemic exposed considerable division within the Australian Society about vaccinations and their efficacy, including in the psychological community. IPPP supports evidence-based recommendations that strongly encourage public to vaccinate against a wide range of diseases that have the potential to adversely affect health and thus safety of the public. Our argument is not about the pros and cons of vaccines but rather how does a psychologist apply this principle in practice.

The IPPP believes that as health practitioners we are both directly and indirectly able to model appropriate health behaviours such as encouraging vaccinations of children and by undertaking vaccination and ensuring psychology practice is conducted in a safe manner. The IPPP also generally supports the lack of a ban on non-vaccinated practitioners where appropriate as endeavouring to be inclusive of all beliefs.

Our concern is that an AHPRA regulator could use the principle to sanction a psychologist that is not vaccinated because the regulator does not believe that they have taken reasonable steps to prevent transmission of the disease. The psychologist might believe that they have considered the importance of immunisation and that not being receiving a particular vaccination is promoting health. Hence, they might believe that they have taken reasonable steps to prevent the transmission of disease if they take other steps to prevent the transmission of disease such as monitoring their own health. The issue is particularly contentious when there is no mandated requirement by relevant health authorities.

While we have used vaccination as an example of the issue of translation of the principle into actions, there are other examples in the Code including multiple relationships, particularly in small communities where options for services are restricted.

In our opinion, what is missing from a regulatory sense is guidance about the process that a psychologist can undertake that will result in reasonable protection from sanction. While we recognise that the situation will require personal judgement, such guidance would assist a psychologist defend their actions if the guidelines have been followed.

The IPPP proposes that a complementary explanatory document or addendum to guide practical application of the Code. This document would contain both practical guidance about the process of decision-making (e.g. a recognised decision making process, consultation with senior colleagues etc.) and specific example about the practical ways that the Code can be interpreted (e.g .be transparent about your vaccination status, monitor self-health etc).

Because this is an explanatory guide, and not the Code itself, it can be amended easily in response to experiences in applying the Code. The concept is similar to the explanatory documents provided with APS Code of Ethics.

Based on the need to develop this additional guidance we do think increased time would be required to ensure acceptance compliance.